

GEORGIA DEPARTMENT OF HUMAN RESOURCES Food Service Establishment Inspection Report

Establishment Name: DownSouth BBQ Address: 2400 138 Hwv

City: Riverdale Time In: 9:30 am Time Out: 11:00 am

Inspection Date: 6/2/2010 CFSM: Need within 90 days

Purpose of Inspection: Routine: ● Follow-Up: O Complaint: O Last Score Preliminary: O Other: O

Supervision

1-2. Person in charge present, demonstrates knowledge,

Risk Type: 1 O 2 ● 3 O 'Risk Factors are food preparation practices and employee

behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.

and performs duties

O 13B. Compliance with Georgia Smoke Free Air Act

Person in Charge (Signature):

Inspector (Signature):

Compliance Status

OUT NA NO

0

•

Permit#: 2-98722 Prior Score Grade 'Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods

CURRENT SCORE CURRENT GRADE

COS R

9 points

0 0

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points

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4 points

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3 points

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1 point 00

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SCORING AND GRADING: A=90-100 B=80-89 C=70-79 U<69

Cooking and Reheating of Potentially Hazardous

Date: 6/2/2010 9:30:00 AM

18. Insects, rodents, and animals not present

Follow-up Date:

Foods, Consumer Advisory-Subcategory

5-1A. Proper cooking time and temperatures

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Date

Compliance Status

O

(Mark designated compliance status (IN, OUT, NA, or NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.) IN=in compliance OUT=not in compliance NO=not observed NA=not applicable COS=corrected on-site during inspection R=repeat (violation of the same code provision)=2 points per subcategory

> 5 IN OUT NA NO

> > O 0

COS R

4 points

0 0

2	IN	OUT	NA	NO	Preventing Contamination by Hands-Subcategory 1	9 n	oints		0	0	0	•	5-1B. Proper reheating procedures for hot holding		
	•	0			2-1A. Proper use of restriction & exclusion	O	0						Consumer Advisory-Subcategory 2		
	•	0		0	2-1B. Hands clean and properly washed	0	0		0	0	•		5-2. Consumer advisory provided for raw and undercooked foods		
	•	0	0	0	2-1C. No bare hand contact with ready-to-eat foods or approved alternate method properly followed	0	0	6	IN	оит	NA	NO	Holding of Potentially Hazardous Foods, Date Marking Potentially Hazardous Food-Subcategory 1		
					Employee Health, Good Hygenic Practices-Subcategory 2	4 pc	oints		•	0	0		6-1A. Proper cold holding temperatures		
	•	0			2-2A. Management awareness; policy present; reporting	0	0		0	0	0	•	6-1B. Proper hot holding temperatures		
	•	0		0	2-2B. Proper eating, tasting, drinking, or tobacco use	0	0		ō	0	ō	•	6-1C. Proper cooling time and temperature		
	•	0		0	2-2C. No discharge from eyes, nose, and mouth	0	0		1				6-1D. Time as a public health control: procedures and		
	•	0			2-2D. Adequate handwashing facilities supplied & accessable	0	0		0	0	•	0	records		
3	IN	OUT	NA	NO	Approved Source	9 pc	oints						Date Marking-Subcategory 2		
	•	0			3-1A. Food obtained from approved source; parasite destruction	0	0		0	0	0	•	6-2. Proper date marking and disposition		
	0	0	0	•	3-1B. Food received at proper temperature	0	0	7	IN	OUT	NA	NO	Highly Susceptable Populations		
	•	0			3-1C. Food in good condition, safe, and unadulterated	0	0		0	0	•		7-1. Pasteurized foods used; profibited foods not offered		
4	IN	OUT	NA	NO	Protection from Contamination-Subcategory 1	9 pc	oints	8	IN	OUT	NA	NO	Chemicals		
	•	0	0		4-1A. Food separated and protected	0	0		0	0	•		8-2A. Food additives: approved and properly used		
	•	0			4-1B. Proper disposition of contaminated food; returned food or unused food not re-served	0	0		•	0			8-2B. Toxic substances properly identified, stored, used		
	<u> </u>	<u> </u>		<u> </u>	Protection from Contamination-Subcategory 2	4 pc	oints	9	IN	OUT	NA	NO	Conformance with Approved Procedures		
	•	0	0		4-2A. Food stored covered	0	0						9-2. Compliance with variance, specialized		
	•	0	0		4-2B. Food-contact surfaces: cleaned & sanitized	0	0		0	0	•		process and HACCP plan		
GOOD RETAIL PRACTICES															
			!===	C	(Mark the numbered item OUT, if not in compliance. For items marked OUT	mark	COS		ch iten	n as ap	plicabl				
			iano	ce Si	(Mark the numbered item OUT, if not in compliance. For items marked OUT tatus	mark C O S	COS o		ch iten	n as ap	plicabl ianc		tepeat (violation of the same code provision) = 1 point per tatus Proper Use of Utensils		
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(Print)

Follow-up: Yes O No●

Food Service Establishment Inspection Report Addendum

Page 2 of 3

Regulation	ns Food Service Chapter 290-5-14	ected within	the time frames specified below, or a ubsection (2)(i) and (j)				ources Rules and	
Establishr DownSouth				Permit 2-98722			Date InspectionDate2	
Address 2400 138 H	hanz				ity/State iverdale, GA 30296	Zip Code 30296		
2400 1301	iwy		TEMPERATURE OBSER				30230	
	Item/Location	Temp	Item/Location	174110	Temp	Item/Location	Temp	
Upright free		11					-	
	WIC (currently not in use) 39							
Item Number			OBSERVATIONS AND COR	RECT	IVE ACTIONS			
s15	15-A Need to provide 6"	legs or r	rollers on upright freezer.					
c17	17 A Nood to close front	- (nublic)	, nostnoom , noottoch , woll t		d manlaca cold .	watan bandla 17	C Nood to	
S17	provide concrete pad und	der grill.	restroom, reattach wall t 17-D If WIC used, and in	storag	e area, need to	clearly designat	te DownSouth	
	BBQ areas from conv. sto	ore areas.						
Derson in	Charge (Signature)					Date		
	(Signature)				Date 6/2/2010	9·30·00 AM		

Food Service Establishment Inspection Report Addendum

Page 3 of 3

Violations cited in this report must be corrected within the time frames specified below, or as stated in the Georgia Department of Human Resources Rules and Regulations Food Service Chapter 290-5-14, Rule .10 subsection (2)(i) and (j).							
Establishment DownSouth BBQ	Per	mit 8722	Date InspectionDate3				
Address 2400 138 Hwy		City/State Riverdale, GA 30296	Zip Code 30296				
Item Number OBSERVA	TIONS AND CORREC	CTIVE ACTIONS					
There	TIONS AND CORRECT						
Person in Charge (Signature) Inspector (Signature)		Date 6/2/2010 9:30:00 AM					